


Issue Classification

(Assistant Examiner) (Date)

J. Bryce 5/21/24
(Legal Instruments Examiner) (Date)


 5/18/04

(Primary Examiner) (Date)

Total Claims Allowed:
201

O.G. Print Claim(s)	O.G. Print Fig.
1	1419A

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original			Final	Original			Final	Original			Final	Original		
	1			5	61			64	121			94	151		124
	2			6	62			65	122			95	152		125
	3			7	63			66	123			96	153		126
	4			8	64			67	124			97	154		127
	5			9	65			68	125			98	155		128
	6			10	66			69	126			99	156		129
	7			11	67			70	127			100	157		130
	8			12	68			71	128			101	158		131
	9			13	69			72	129			102	159		132
	10			14	70			73	130			103	160		133
	11			14	71			74	131			104	161		134
	12			15	72			75	132			105	162		135
	13			16	73			76	133			106	163		136
	14			17	74			77	134			107	164		137
	15			18	75			78	135			108	165		138
	16			19	76			79	136			109	166		139
	17			20	77			80	137			110	167		140
	18			21	78			81	138			111	168		141
	19			22	79			82	139			112	169		142
	20			23	80			83	140			113	170		143
	21			24	81			84	141			114	171		144
	22			25	82			85	142			115	172		145
	23			26	83			86	143			116	173		146
	24			27	84			87	144			117	174		147
	25			28	85			88	145			118	175		148
	26			29	86			89	146			119	176		149
	27	1		30	87			90	147			120	177		150
	28	2		31	88			91	148			121	178		151
	29	3		32	89			92	149			122	179		152
	30	4		33	90			93	150			123	180		153

Issue Classification 	Application No.	Applicant(s)	
	09/457,228	MICHELSON, GARY K.	
	Examiner	Art Unit	
	Bruce E Snow	3738	

ISSUE CLASSIFICATION										
ORIGINAL				CROSS REFERENCE(S)						
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
INTERNATIONAL CLASSIFICATION										
			/							
			/							
			/							
			/							
			/							
(Assistant Examiner) (Date)				Total Claims Allowed: O.G. Print Claim(s) O.G. Print Fig.						
(Legal Instruments Examiner) (Date)										
				(Primary Examiner) (Date)						

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
154	211	183	241		271		301		331		361		391		
155	212	184	242		272		302		332		362		392		
156	213	185	243		273		303		333		363		393		
157	214	186	244		274		304		334		364		394		
158	215	187	245		275		305		335		365		395		
159	216	188	246		276		306		336		366		396		
160	217	189	247		277		307		337		367		397		
161	218	190	248		278		308		338		368		398		
162	219	191	249		279		309		339		369		399		
163	220	192	250		280		310		340		370		400		
164	221	193	251		281		311		341		371		401		
165	222	194	252		282		312		342		372		402		
166	223	195	253		283		313		343		373		403		
167	224	196	254		284		314		344		374		404		
168	225	197	255		285		315		345		375		405		
169	226	198	256		286		316		346		376		406		
170	227	199	257		287		317		347		377		407		
171	228	200	258		288		318		348		378		408		
172	229	201	259		289		319		349		379		409		
173	230		260		290		320		350		380		410		
174	231		261		291		321		351		381		411		
175	232		262		292		322		352		382		412		
176	233		263		293		323		353		383		413		
177	234		264		294		324		354		384		414		
178	235		265		295		325		355		385		415		
179	236		266		296		326		356		386		416		
180	237		267		297		327		357		387		417		
181	238		268		298		328		358		388		418		
182	239		269		299		329		359		389		419		
	240		270		300		330		360		390		420		